			EXTENDED TO NOVEMBER 15, 20 Short Form	019		
Form	.99	90-EZ	Return of Organization Exempt From		Tax	OMB No. 1545-1150
FUII			•		2018	
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	except private	foundations)	
			Do not enter social security numbers on this form as it ma	ay be made pub	lic.	Open to Public
		of the Treasury enue Service	Go to www.irs.gov/Form990EZ for instructions and the la	atest informatio	n.	Inspection
	or the					
B C	Check if	c Na	me of organization		D Employer ide	entification number
	Addr	ess change				
X	Nam		LLATIN WATERSHED COUNCIL, INC		13-42	
	Initia	neture /	ber and street (or P.O. box, if mail is not delivered to street address)	Room/suite	E Telephone nu	
	_ termi	inated PC	BOX 751			90-4223
		acarotann	or town, state or province, country, and ZIP or foreign postal code		F Group Exem	ption
			ZEMAN, MT     59771       X     Cash     Accrual       Other (specify) ►		Number	if the execution is
		nting Method:	GREATERGALLATIN.ORG			if the organization is to attach Schedule B
			eck only one) $ \mathbf{X}$ 501(c)(3) $-$ 501(c) ( ) $\triangleleft$ (insert no.) $-$ 4947(a)	(1) or 527		990-EZ, or 990-PF).
			$\mathbf{X}$ Corporation Trust Association Other		(10111-330, 3	50 LZ, 01 550 TT).
		-	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if t	otal assets (Part II		
		n (B)) are \$500,0	00 or more, file Form 990 instead of Form 990-EZ	· · · · · · · · · · · · · · · · · · ·	🕨 \$	60,923.
	art I	Revenue	, Expenses, and Changes in Net Assets or Fund Balance	<b>S</b> (see the instru	ctions for Part I	)
		Check if the	organization used Schedule O to respond to any question in this Part I		<u></u>	
	1		gifts, grants, and similar amounts received			60,336.
	2		e revenue including government fees and contracts		2	
	3	Membership du	ies and assessments		3	
	4				4	
	5a		from sale of assets other than inventory			
	b		ther basis and sales expenses 5b			
	6 C		rom sale of assets other than inventory (Subtract line 5b from line 5a)		<u>5c</u>	
	-	•	rom gaming (attach Schedule G if greater than			
Revenue	<b>a</b>					
leve	b		rom fundraising events (not including \$ of contribut	tions		
ш.		from fundraisir	g events reported on line 1) (attach Schedule G if the sum of such			
		-	nd contributions exceeds \$15,000) 6b			
	C		benses from gaming and fundraising events			
	d		(loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a		inventory, less returns and allowances 7a bods sold 7b			
	b c	Less: cost of g	oods sold		70	
	8	Other revenue	describe in Schedule O)	EDULE O	70	587.
	9	Total revenue.	Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	······		60,923.
	10		ilar amounts paid (list in Schedule O)			
	11		or for members			
ş	12	Salaries, other	compensation, and employee benefits		12	
Expenses	13	Professional fe	es and other payments to independent contractors		13	47,371.
xpe	14	Occupancy, rer	t, utilities, and maintenanceSEE_SCHE	EDULE O	14	650.
ш	15	Printing, public	ations, postage, and shipping		15	16.
	16		(describe in Schedule 0) SEE SCHE		16	3,580.
	17		. Add lines 10 through 16			<u>51,617.</u> 9,306.
ţs	18		cit) for the year (Subtract line 17 from line 9)		18	5,500.
sse	19		th end-of-year figure reported on prior year's return)		19	18,155.
Net Assets	20		in net assets or fund balances (explain in Schedule O)			0.
ž	21		and balances at end of year. Combine lines 18 through 20		▶ 21	27,461.
LHA			uction Act Notice, see the separate instructions.			Form <b>990-EZ</b> (2018)

	<u>m 990-EZ (2018) GALLATIN WATERSHED COUNCI</u>	L, INC	1	.3-	42933	05 Page 2
P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp	oond to any questio	n in this Part II		<u></u>	X
			(A) Beginning of year		(B) E	nd of year
22	, , , , , , , , , , , , , , , , , , , ,		16,434.	22		26,389.
23	Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE O			23		
24	Other assets (describe in Schedule 0) SEE SCHEDULE O	·	1,721.			1,072.
25			18,155.	_		27,461.
26			0.			0.
27			18,155.	27	<u> </u>	27,461.
P	art III Statement of Program Service Accomplishmen		,			(penses
	Check if the organization used Schedule O to resp		n in this Part III	Х		for section and 501(c)(4)
Wh	at is the organization's primary exempt purpose? <u>SEE</u> SCHEDULE O				organizatio	ons; optiònal for
	cribe the organization's program service accomplishments for each of its three largest program so ner, describe the services provided, the number of persons benefited, and other relevant information		es. In a clear and concise		others.)	
		tion for each program title.			<u>                                      </u>	
28	SEE SCHEDULE O					
				_		E1 120
~~	(Grants \$ ) If this amount includes foreign c SEE SCHEDULE O	grants, check here	▶		28a	51,139.
29	SEE SCHEDOLE O					
	(Grants \$ ) If this amount includes foreign c	aranta abaak bara		_	29a	478.
30	(Grants \$ ) If this amount includes foreign g				2.34	4701
30						
	(Grants \$ ) If this amount includes foreign g	arants, check here			30a	
31		, <u> </u>				
	(Grants \$ ) If this amount includes foreign of				31a	
32	Total program service expenses (add lines 28a through 31a)			. 🕨	32	51,617.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each on	e even if not compensated - se	e the i	instructions fo	r Part IV)
	Check if the organization used Schedule O to resp	oond to any questio	n in this Part IV		<u></u>	
		(b) Average hours		( <b>d</b> ) He	alth benefits, ributions to	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	emplo	oyee benefit and deferred	amount of other
		position	(if not paid, enter -0-)	com	pensation	compensation
	OHN NEHRING					
	RECTOR	1.00	0.		0.	0.
	NNAH JAICKS				•	
	RECTOR	1.00	0.		0.	0.
_	MIE MCEVOY	1 00			0	
	RECTOR	1.00	0.		0.	0.
	DLLY HILL	1 00	0		0	
	IRECTOR INE ASHFORD	1.00	0.		0.	0.
	RECTOR	1.00	0.		0.	0.
	ETER BROWN	1.00	0.		0.	0.
_	RECTOR	1.00	0.		0.	0.
	DM MICHALEK	1.00	0.		0.	0.
_	IAIR	2.00	0.		0.	0.
	LLY DEFORD	2.00				
	CE CHAIR	2.00	0.		0.	0.
	CANNE ROULSON	2.00				
	RECTOR	1.00	0.		0.	0.
_	DM LANGMO	1.00				<b>.</b>
	REASURER	1.00	0.		0.	0.
						ļ
		1				
		1				
-						

Forn	1990-EZ (2018) GALLATIN WATERSHED COUNCIL, INC 13-4293	305	1	Page <b>3</b>
Pa	IT V Other Information (Note the Schedule A and personal benefit contract statement requirements		Э	
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in this	Part \	V	X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		x
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	11/	<u> </u>
6		35c		x
96	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	300		- 23
36		20		x
07.	complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions	36		
				v
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made			v
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A	-		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9	-		
	Gross receipts, included on line 9, for public use of club facilities	-		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ 0 .			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 🕨 🚺 🔒			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed <b>NONE</b>			
42 a	The organization's books are in care of <b>THOMAS G LANGMO</b> Telephone no. <b>320250</b>			
	Located at ▶ 5183 DRAGON FLY ST, BOZEMAN, MT ZIP+4 ▶ 5	<u>971</u>	8	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country: 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country: 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		🕨	
	and enter the amount of tax-exempt interest received or accrued during the tax year 43	N/A		
		[	Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
-	of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
J	in Schedule 0	44d		
45 e	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
	Did the organization raceive any payment from or engage in any transaction with a controlled entity within the meaning of section			
5	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

Form 990-EZ (2	018) GALLATIN WATERSE	HED COUNCIL	, INC			13-42933	05	Page <b>4</b>
						_	Yes	No
	ganization engage, directly or indirectly, in poli	tical campaign activities	on behalf of or ir	n opposition to can	didates for pul	blic office?		
	omplete Schedule C, Part I	Omb :					46	X
·	Section 501(c)(3) Organizations	-				50 154		
	All section 501(c)(3) organizations must ar	•		•				
	Check if the organization used Schedule (	D to respond to any q	uestion in this	Part VI			Yes	No
47 Did the or	ganization engage in lobbying activities or have	a section 501(h) election	n in effect during	n the tax year? If "\	/es " complete	Sch C Part II	47	X
	anization a school as described in section 170(	( )		• •		· · ·	48	X
	ganization make any transfers to an exempt no						49a	X
	as the related organization a section 527 organ						49b	
	this table for the organization's five highest con						h received	more
than \$100	,000 of compensation from the organization. If	there is none, enter "No	ne."					
	(a) Name and title of each employee		(b) Average		Reportable ensation (Forms	(d) Health benefits, contributions to	(e) Estir	
		_	per week dev positior	0100 W-2	/1099-MISC)	employee benefit plans, and deferred	amount o	
	NON	<u>в</u>	position			compensation	Compens	Julion
				•				
	this table for the organization's five highest co		contractors who	each received mor	re than \$100,00	00 of compensati	on from the	1
	on. If there is none, enter "None." NON			( <b>b</b> ) Tupo o	f convico	(0) (	omponentie	<u></u>
(a) N	ame and business address of each independen			<b>(b)</b> Type o	I SELVICE		ompensatio	
	has af allow independent contractions of the	i.i.a		<b>k</b>				
	ber of other independent contractors each rece ganization complete Schedule A? Note: All sec		ono muot attach		·			
	Schedule A						Yes	No
	of perjury, I declare that I have examined this i					/		
•	id complete. Declaration of preparer (other than	· · ·						,
	•			· ·				
Sign	Signature of officer					Date		
Here	TOM MICHALEK, CHAIR							
	Type or print name and title					7 10 1		
	Print/Type preparer's name	Preparer's signature		Date	Check	] if PTIN		
Paid		TOM TANGLO	0.0.7	11/10/10	self- employ		72010	
Preparer	TOM LANGMO, CPA Firm's name ► WIPFLI LLP	TOM LANGMO,	CPA	11/12/19		► 39-075	73218	
Use Only	Firm's address ► 777 EAST MAT	רא פוודיידי י	01		Phone no.	<u>406.586</u>		
		59715	νı				• 2 3 0 0	
May the IRS dis	scuss this return with the preparer shown above					► X	Yes	No

Form **990-EZ** (2018)

SCHEDULE A
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Department of the Treasury

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2018
Open to Public Inspection

Intern	al Rev	/enu	e Service		Go to www.irs.go	/Form990 for instruction	ons and th	ne latest ir	nformation.		Inspection
Name of the organization				on							identification numbe
GALL					ATIN WATER	SHED COUNCIL	, INC				3-4293305
Pa	rt I		Reason	for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	e instruction	S.	
The	orga	aniz	ation is not a	a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		] /	A church, co	nvention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		] /	A school des	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3		4	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	)(b)(1)(A)(ii	i).		
4		] /	A medical res	search organiz	ation operated in co	njunction with a hospital	described	l in <b>sectio</b>	n 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		_ (	city, and stat	:e:							
5		] /	An organizati	ion operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		_	section 170	(b)(1)(A)(iv). (C	Complete Part II.)						
6		] /	A federal, sta	ate, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	] /	An organizati	ion that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from t	ne general j	public described in
		_ \$	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8		] /	A community	/ trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	t II.)				
9		1	An agricultur	al research org	ganization described	in section 170(b)(1)(A)(i	ix) operate	ed in conju	inction with a	land-grant	college
		C	or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		_	university:								
10		] /	An organizati	ion that norma	Ily receives: (1) more	than 33 1/3% of its supp	port from o	contributio	ns, members	hip fees, an	d gross receipts from
		â	activities rela	ted to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment
		i	ncome and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.
		_	See <b>section</b>	509(a)(2). (Co	mplete Part III.)						
11		_ <i>/</i>	An organizati	ion organized a	and operated exclusi	ively to test for public sat	fety. See	section 50	)9(a)(4).		
12		1	An organizati	ion organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		r	more publicly	y supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (	Check the box in
	_		ines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а			<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
			the suppor	ted organizatio	on(s) the power to rea	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting
	_	_	organizatio	n. You must o	complete Part IV, Se	ections A and B.					
b			Type II. A s	supporting org	anization supervised	or controlled in connect	ion with it	s supporte	ed organizatio	n(s), by hav	ving
				-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	_	organizatio	on(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С			Type III fur	nctionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functiona	lly integrate	ed with,
	_		its support	ed organizatio	n(s) (see instructions	). You must complete F	Part IV, Se	ections A,	D, and E.		
d			Type III no	on-functionally	integrated. A supp	porting organization oper	ated in co	nnection w	ith its suppo/	rted organiz	zation(s)
				-		ation generally must sati	-		-	an attentiv	/eness
	_		requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е				0		written determination from			Туре I, Туре	II, Type III	
			functionally	y integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.			
f				of supported of	•						
g	Pr		de the follow Name of supp		n about the supporte (ii) EIN	d organization(s).	(iv) Is the orga	anization listed	(v) Amount o	fmonetary	(vi) Amount of other
		(1)	organizatior		(1) 2.13	(described on lines 1-10	in your governi	ing document? No	support (see i	-	support (see instructions
						above (see instructions))	Yes				

# Schedule A (Form 990 or 990-EZ) 2018 GALLATIN WATERSHED COUNCIL INC 13-4293 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

13-4293305 Page 2

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	59,373.	38,270.	88,529.	32,860.	60,922.	279,954.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	59,373.	38,270.	88,529.	32,860.	60,922.	279,954.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						279,954.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4	59,373.	38,270.	88,529.	32,860.	60,922.	279,954.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						279,954.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a sectior	1 501(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (li	ne 6, column (f) div	vided by line 11, co	lumn (f))			100.00 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	100.00 %
16a	33 1/3% support test - 2018. If the c	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo>	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				► X
b	33 1/3% support test - 2017. If the c	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	tion			
17a	10% -facts-and-circumstances test	- 2018. If the org	anization did not cl	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check thi	s box and <b>stop h</b>	ere. Explain in Pa	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	ion qualifies as a p	ublicly supported	organization		
b	10% -facts-and-circumstances test	- 2017. If the org	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	mstances" test, che	eck this box and	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	, 16b, 17a, or 17b	, check this box a	nd see instructions	

## Schedule A (Form 990 or 990-EZ) 2018 GALLATIN WATERSHED COUNCIL, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

ction A. Public Support							
ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 (f) Total	
membership fees received. (Do not							
include any "unusual grants.")							
Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
Gross receipts from activities that are not an unrelated trade or bus-							
iness under section 513							
ization's benefit and either paid to							
furnished by a governmental unit to the organization without charge							
Total. Add lines 1 through 5							
· · ·							
amount on line 13 for the year							
Add lines 7a and 7b							
		1					
	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201	8 <b>(f)</b> Total	
Amounts from line 6							
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
Unrelated business taxable income							
(less section 511 taxes) from businesses							
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
Total support. (Add lines 9, 10c, 11, and 12.)	L						
First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) or	ganization,	
check this box and stop here	<u></u>					<b>&gt;</b>	
ction C. Computation of Publi	c Support Per	rcentage					
Public support percentage for 2018 (li	ne 8, column (f), c	livided by line 13, o	column (f))		15	%	
Public support percentage from 2017	Schedule A, Part	III, line 15			16	%	
ction D. Computation of Inves	tment Income	e Percentage					
Investment income percentage for 20	18 (line 10c, colui	mn (f), divided by li	ne 13, column (f))		17	%	
					18	%	
					33 1/3%, and	line 17 is not	
						▶□	
						/3%, and	
Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							
	dar year (or fiscal year beginning in)         Gifts, grants, contributions, and         membership fees received. (Do not         include any "unusual grants.")         Gross receipts from admissions,         merchandise sold or services performed, or facilities furnished in         any activity that is related to the         organization's tax-exempt purpose         Gross receipts from activities that         are not an unrelated trade or bus-         iness under section 513         Tax revenues levied for the organ-         ization's benefit and either paid to         or expended on its behalf         The value of services or facilities         furnished by a governmental unit to         the organization without charge         Total. Add lines 1 through 5         Amounts included on lines 2 and 3 received         from other than disqualified persons that         exceed the greater of \$5,000 or 1% of the         amounts included on lines 2 and 3 received         Public support. (Subtract line 7c from line 6)         Gross income from similar sources         add lines 7a and 7b         Public support. (Subtract line 7c from line 6)         Gross income from unrelated businesses         acquirted business taxable income         (less section 511 taxes) from business	ndar year (or fiscal year beginning in)       (a) 2014         Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       (a) 2014         Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       Gross receipts from activities that are not an unrelated trade or bus- iness under section 513         Tax revenues levied for the organization's benefit and either paid to or expended on its behalf       The value of services or facilities furnished by a governmental unit to the organization without charge         Total. Add lines 1 through 5       Amounts included on lines 1, 2, and 3 received from disqualified persons the organization without charge         Add lines 7a and 7b       Public support. (Sybtract line 7c from line 6)         Public support. (Sybtract line 7c from line 6)       Public support.         Add lines 7a and 7b       Public support. (Sybtract line 7c from line 6)         Public support. (Sybtract line 7c from line 6)       Corss income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources or loces from unrelated businesses activities not included in line 10b, whether or not the businesses is regularly carried on Other income. Do not include gain or loces from the sale of capital assets (Explain in Part VI.)         Total support lecentage for 2018 (line 8, column fi), c check this box and stop here         Public	dar year (or fiscal year beginning in) ►       (a) 2014       (b) 2015         Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       Gross received from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       Gross receipts from activities that are not an unrelated trade or business under section 513         Tax revenues levied for the organization's tax-exempt purpose       Gross receipts from activities that are not an unrelated trade or business under section 513         Tax revenues levied for the organization's theoreganization's tax-exempt purpose       Gross received from time organization's theoreganization's theoreganization's theoreganization's theoreganization's theoreganization's theoreganization without charge         Total. Add lines 1 through 5       Manuotts included on lines 1, 2, and 3 received from disqualified persons bat exceed the grater of \$5.000 or 1% of the amount on line 13 for the year         Add lines 7 and 7b       Public support         Ind ary ear (or fiscal year beginning in) ►       (a) 2014       (b) 2015         Amounts from line 6       Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources       Gross income from sinterest, equived after June 30, 1975         Add lines 10a and 10b       Net income. Do not include gain or loss from the sale of capital asset (Explain in Part V1)       Total support.         Total support. (Add lines 9, 10c. 11, and 12)       First	dar year (or fiscal year beginning in)       (a) 2014       (b) 2015       (c) 2016         Gifts, grants, contributions, and membership fees received. (Do not include any 'truusual grants.')       (a) 2014       (b) 2015       (c) 2016         Gross receipts from admissions, merchandies sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       (a) 2014       (b) 2015       (c) 2016         Gross receipts from activities that are not an unrelated trade or bus- iness under section 513       (a) 2014       (b) 2015       (c) 2016         Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf       (a) 2014       (b) 2015       (c) 2016         The value of services or facilities furnished by a governmental unit to the organization without charge       (a) 2014       (b) 2015       (c) 2016         Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts from lines 10       (a) 2014       (b) 2015       (c) 2016         Add lines 7a and 7b       (a) 2014       (b) 2015       (c) 2016         Public support.       (b) 2015       (c) 2016       (c) 2016         Add lines 7a and 7b       (a) 2014       (b) 2015       (c) 2016         Mounts from line 6       (c) 2015       (c) 2016       (c) 2016 <t< td=""><td>ndar year (or fiscal year beginning in) ►       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Gross receipts from admissions, merchandles exide or services performed, or facilities that are not an unrelated trade or business under section 513       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Tax revenues levied for the organization vibus of the organization without charge metal and either paid to or expended on lis behaft       (a) 2014       (b) 2015       (c) 2016       (d) 2017         The value of services or facilities furnished by a governmental unit to the organization without charge metal and either paid to or expended on lis behaft       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Arounts included on lines 1, 2, and services or facilities that execute the yeater d \$2.000 r Hor at the advised events at the organization without charge metal and the yeater d \$2.000 r Hor at the advised section \$13       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Arounts included on lines 1, 2, and section from interest, dividentify approximate events at a section from interest, dividentify approximetify cereved on securities loan, rents, royalities, and the for</td><td>ndar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2014 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandles sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues leviels for the organ- tization's benefits and either pad to or expended on its behalf thre value of services or facilities furnished by a governmental unit to the organization's thread of there and accessible grained and are pad to or expended on its behalf thread of a services or facilities furnished by a governmental unit to the organization is discussible accessible grained and are pad to a received from disqualified persons Add lines 1 shough 5 thread of a service or Add lines 7 and 7b Public support and run its 16 discussible (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2016 (d) 2017 (e) 2018 (d) 2017 (e) 201</td></t<>	ndar year (or fiscal year beginning in) ►       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Gitts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Gross receipts from admissions, merchandles exide or services performed, or facilities that are not an unrelated trade or business under section 513       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Tax revenues levied for the organization vibus of the organization without charge metal and either paid to or expended on lis behaft       (a) 2014       (b) 2015       (c) 2016       (d) 2017         The value of services or facilities furnished by a governmental unit to the organization without charge metal and either paid to or expended on lis behaft       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Arounts included on lines 1, 2, and services or facilities that execute the yeater d \$2.000 r Hor at the advised events at the organization without charge metal and the yeater d \$2.000 r Hor at the advised section \$13       (a) 2014       (b) 2015       (c) 2016       (d) 2017         Arounts included on lines 1, 2, and section from interest, dividentify approximate events at a section from interest, dividentify approximetify cereved on securities loan, rents, royalities, and the for	ndar year (or fiscal year beginning in) ► (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2014 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandles sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 Tax revenues leviels for the organ- tization's benefits and either pad to or expended on its behalf thre value of services or facilities furnished by a governmental unit to the organization's thread of there and accessible grained and are pad to or expended on its behalf thread of a services or facilities furnished by a governmental unit to the organization is discussible accessible grained and are pad to a received from disqualified persons Add lines 1 shough 5 thread of a service or Add lines 7 and 7b Public support and run its 16 discussible (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2016 (d) 2017 (e) 2018 (d) 2017 (e) 201	

## Schedule A (Form 990 or 990-EZ) 2018 GALLATIN WATERSHED COUNCIL, INC

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

Yes

No

# Schedule A (Form 990 or 990-EZ) 2018 GALLATIN WATERSHED COUNCIL, INC Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ŭ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
'a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructional	<b>`</b>	
2	Activities Test. Answer (a) and (b) below.	ructions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	20		
D.	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
3	activities but for the organization's involvement. Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>	2.0		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
U		3b		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	30		1

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in F	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	<b>1</b> a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
_				

Schedule A (Form 990 or 990-EZ) 2018 GALLATIN WATERSHED COUNCIL, INC

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

13-4293305 Page 6

# Schedule A (Form 990 or 990 EZ) 2018 GALLATIN WATERSHED COUNCIL, INC

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	9	
	(provide details in Part VI). See instructions.	-		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A	(Form 990 or 990-EZ) 2018 GALLATIN WATERSHED COUNCIL, INC 13-4293305 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

# Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

oer

Name of the organization		Employer identification numb			
	GALLATIN WATERSHED COUNCIL, INC	13-4293305			
Organization type (che	ck one):				
Filers of:	Section:				
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Check if your organizati	on is covered by the General Rule or a Special Rule.				
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.			
General Rule					

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

13-4293305

GALLATIN WATERSHED COUNCIL, INC

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>	MONTANA DEPARTMENT OF ENVIRONMENTAL QUALITY 1520 E 6TH AVE HELENA, MT 59601	\$ <u>26,512.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION 1539 ELEVENTH AVE HELENA, MT 59601	\$14,750.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	YELLOW DOG COMMUNITY AND CONSERVATION FOUNDATION 213 S WILLSON AVE BOZEMAN, MT 59715	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

13-4293305

GALLATIN WATERSHED COUNCIL, INC

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Faiti	Noncash Froperty (see instructions). Use duplicate copies of Part	ii ii additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization		Employer identification number			
GALLA	TIN WATERSHED COUNCIL, I	INC	13-4293305			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	tions to organizations described in section through (e) and the following line entry. For charitable, etc., contributions of <b>\$1,000 or less</b>	n 501(c)(7), (8), or (10) that total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
·	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(-) No.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
·	(e) Transfer of gift					
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

#### 2018 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990-EZ PAGE 1

#### 990-EZ \* С Current Year Deduction Unadjusted Cost Or Basis Ending Accumulated Date Bus Section 179 Reduction In Basis For Beginning Accumulated Current Sec 179 Asset No. Line No. o n v Life Description Method Acquired % Expense Basis Depreciation Excl Depreciation Expense Depreciation 1 HP EQUIPMENT 05/07/08 200DB 5.00 HY17 1,163. 1,163. 1,163. Ο. 1,163. 2 WATER TESTING EQUIPMENT 06/10/08 200DB 7.00 HY17 9,401. 9,401. 9,401. Ο. 9,401. 1,022. 3 WATER QUALITY MONITORING 05/24/09 200DB 7.00 HY17 1,022. 1,022. Ο. 1,022. MF PRO FLOW METER 05/23/13 SL 7.00 16 4,547. 4,547. 2,924. 650. 3,574. 4 \* TOTAL 990-EZ PG 1 DEPR 16,133. 16,133. 14,510. 650. 15,160.

828111 04-01-18

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Z OMB No. 1545-0047 <b>2018</b> Open to Public Inspection				
Name of the organization	► Go to www.irs.gov/Form990 for the latest i GALLATIN WATERSHED COUNCIL, INC	Emplo	over identification number - 4293305		
FORM 990-EZ,	PART I, LINE 8, OTHER REVENUE:	·			
DESCRIPTION (	OF OTHER REVENUE:		AMOUNT :		
REIMBURSEMEN	P		587.		
FORM 990-EZ,	PART I, LINE 14, OCCUPANCY, RENT,	UTILITIES, AND	MAINTENANCE:		
DESCRIPTION (	OF EXPENSES:		AMOUNT :		
DEPRECIATION			650.		
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:				
DESCRIPTION (	OF OTHER EXPENSES:		AMOUNT:		
EDUCATION ANI	OUTREACH		478.		
INSURANCE			1,035.		
SUPPLIES			57.		
LICENSE AND B	FEES		92.		
SOFTWARE			358.		
FUNDRAISING			1,062.		
ADMINISTRATIC	DN		498.		
TOTAL TO FORM	4 990-EZ, LINE 16		3,580.		
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:				
DESCRIPTION		BEG. OF YEAR	END OF YEAR		
MISCELLANEOUS	3	98.	98.		
OTHER DEPREC	IABLE ASSETS	1,623.	974.		
TOTAL TO FORM	1,721.	1,072.			

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - CONSERVATION & ENHANCEMENT

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

WATER RESOURCES CONSERVATION - GGWC FOCUSES ON

IMPLEMENTING STREAM RESTORATION ACTIVITIES BASED ON THE

COMPLETED AND APPROVED LOWER GALLATIN WATERSHED

RESTORATION PLAN. THESE ACTIVITIES ARE TAKING PLACE ON CAMP CREEK,

BOZEMAN CREEK, AND THE EAST GALLATIN RIVER AT THE STORY MILL COMMUNITY

PARK.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION & OUTREACH - GGWC HOSTS AND PARTICIPATES IN

NUMEROUS EVENTS TO EDUCATE THE PUBLIC ABOUT LOCAL WATER

RESOURCES AND ENCOURAGE CONSERVATION AND ENHANCEMENT OF

OUR WATER RESOURCES. HIGHLIGHTS INCLUDE: ANNUAL FALL TOUR IN OCTOBER,

ANNUAL MEETING, AND FARM FAIR.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

(Rev. January 2019)

## Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifying	number
Type or print	<b>r</b> Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or		
print	GALLATIN WATERSHED COUNCIL, INC				13-4293	3305
File by the due date for filing your	v the ate for Number, street, and room or suite no. If a P.O. box, see instructions.			Social security number (SSN)		
instructions	sturn. See					
Enter the	e Return Code for the return that this application is for (file	a separat	e application for each return)			0 1
Applicat	ion	Return	Application			Return
ls For		Code	Is For		Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 99	0-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	0-T (trust other than above) THOMAS G LANGMC	06	Form 8870			12
Telephone No. ▶ 3202507166       Fax No. ▶         • If the organization does not have an office or place of business in the United States, check this box       ▶         • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)						
	<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit.			3b	\$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.	
Caution: instruction	: If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879-E	O for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2019)